| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | Smc | | 12 20 97 |
| O.I.P.E. CLASSIFIER | | | 01-04-00 |
| FORMALITY REVIEW | | 65703 | 1-18-00 |
| RESPONSE FORMALITY REVIEW | | 65703 | 3-7-00 |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | .......................... Rejected | N | .......................... Non-elected |
| = | .......................... Allowed | I | .......................... Interference |
| – | (Through numeral)... Canceled | A | .......................... Appeal |
| ÷ | .......................... Restricted | O | .......................... Objected |

| Claim | | Date | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Final | Original | | | | | | | | |
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| | 51 | | | | | | | | |
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| Claim | | Date | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Final | Original | | | | | | | | |
| | 101 | | | | | | | | |
| | 102 | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)